

BOARD OF ASSESSORS  
550 HANOVER STREET  
HANOVER, MA 02339  
781-826-6401

Statement required by Hanover Assessors Office to meet requirements for Elderly exemptions, Clause 41C. This form must be completed and signed by bank personnel.

Name of Bank \_\_\_\_\_

Location \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_ have / has the following accounts listed at  
the above stated bank.

**TO PROCESS EXEMPTION WE NEED THE INFORMATION FOR TWO DIFFERENT YEARS**  
**THE INCOME SECTION REQUIRES THE BALANCE AS OF 12/31/09**  
**THE ASSET SECTION REQUIRES THE BALANCE AS OF 07/01/10**

**THIS FORM CAN BE PHOTO COPIED IF THERE ARE MORE THAN FOUR ACCOUNTS.**

Account # \_\_\_\_\_

Interest earned in calendar year 2009 \_\_\_\_\_

Balance as of 7/1/10 \_\_\_\_\_

Account # \_\_\_\_\_

Interest earned in calendar year 2009 \_\_\_\_\_

Balance as of 7/1/10 \_\_\_\_\_

Account # \_\_\_\_\_

Interest earned in calendar year 2009 \_\_\_\_\_

Balance as of 7/1/10 \_\_\_\_\_

Account # \_\_\_\_\_

Interest earned in calendar year 2009 \_\_\_\_\_

Balance as of 7/1/10 \_\_\_\_\_

Bank Employee Signature \_\_\_\_\_

I, \_\_\_\_\_ grant permission for the bank to release the above  
information to the Hanover assessing office.

Thank you  
Hanover Assessors Office